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IMPORTANT NOTICE
TELECOPY/FACSIMILE COVER LETTER

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TO: U.S. Patent and Trademark Office
Examiner: Phylesha Larvinia Dabney
Art Unit: 2646

DATE: May 22, 2006

FROM: Troy M. Schmelzer

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 12

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MESSAGE:

Patent Application No.: 10/656,615; Our Ref. 89296.0055

I hereby certify that the following documents:

Amendment/Amendment Transmittal Letter.
 Petition for (2-mo) Extension of Time.

are being facsimiled to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450., for filing in the above-identified application.

May 22, 2006
Date of Deposit


Juanita Soberanis

TELECOPY/FAX NUMBER: (571) 273-8300 ART UNIT 2646

CLIENT NUMBER: 89296.0055

ATTORNEY BILLING NUMBER: 73212

CONFIRMATION NUMBER: (571) 272-7494 Return fax to Juanita Soberanis

FORM PTIO-1083

Attorney Docket No. 89296.0055
Customer No. 26021

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CENTRAL FAX CENTER

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Frank Steins

Serial No: 10/656,615

Confirmation No: 8018

Filed: September 5, 2003

For: Cone Forward Loudspeaker Assembly

Art Unit: 2646

Examiner: Dabney, Phylesha Larvinia

MAY 22 2006

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following:

Petition for (2-mo) Extension of Time.
 Amendment.

I hereby certify that this correspondence
is being transmitted via facsimile to
(571) 273-8300:

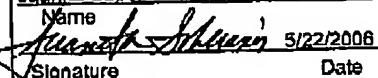
Mail Stop Amendment
Commissioner for Patents

P.O. Box 1450
Alexandria, VA 22313-1450 on
May 22, 2006

Date of Deposit

Juanita Gobernaris

Name


Juanita Gobernaris 5/22/2006

Signature

Date

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	23	-	23	**	0	LG=\$60 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	5	-	5	***	0	LG=\$200 SM=\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS							
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)						LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$
\$250 FOR EACH ADDITIONAL 50 SHEETS							\$
Independent Claim(s): 1, 6, 8, 14 and 19						TOTAL	\$ 0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
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Please charge the amount of \$____ to cover the additional claims fee to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

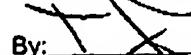
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The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By: 

Troy M. Schmelzer
Registration No. 36,667
Attorney for Applicant(s)

Date: May 22, 2006

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